



Office of Accreditation and Teacher Quality  
700 Governors Drive  
Pierre, South Dakota 57501

## **ALTERNATIVE CERTIFICATION APPLICATION FOR A FIVE-YEAR SOUTH DAKOTA TEACHING CERTIFICATE WHEN THE ALTERNATIVE CERTIFICATION PROGRAM REQUIREMENTS ARE COMPLETED**

### **Instructions & Requirements**

Individuals in an Alternative Route to Certification program must complete this application when you have completed the alternative requirements and are ready to apply for a five-year South Dakota teaching certificate.

Once you have completed the alternative program requirements, the following documents must be submitted to the Department of Education.

- The completed application, including the Applicant Conduct Review Statement;
- The non-refundable \$30 certification fee for a five-year certificate in the form of money order, or cashier's or personal check payable to the Department of Education;
- The official transcript(s) for the required credits;
- The test results from the Principles of Learning and Teaching (PLT) Praxis test number 0524; and,
- Written certification recommendation from your school mentor.

The required information should be mailed to: Department of Education, Office of Accreditation & Teacher Quality, 700 Governors Drive, Pierre, SD 57501-2291.

**ALTERNATIVE CERTIFICATION APPLICATION FOR A FIVE-YEAR SOUTH DAKOTA TEACHER  
CERTIFICATE WHEN THE PROGRAM REQUIREMENTS ARE COMPLETED**

Department of Education, Office of Accreditation and Teacher Quality, 700 Governors Drive, Pierre, SD 57501  
Phone 605-773-3553

I currently hold a South Dakota alternative instructor's certificate, which expires(ed) \_\_\_\_\_.

I am applying for a five-year certificate (\$30).

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Last Name                      First                      Initial

\_\_\_\_\_  
Phone (Day)

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
Phone (Evening)

\_\_\_\_\_  
City                                      State                      Zip+4

\_\_\_\_\_  
Email (Work)

\_\_\_\_\_  
Email (Home)

**Yes**\_\_\_\_ **No**\_\_\_\_ Have you ever held a South Dakota Teacher Certificate under a different last name?

If yes, under what name? \_\_\_\_\_

**Summary of Credits**

Title/Course#/Description

Date

Institution

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Each credit must be verified by an official transcript(s).*

**FOR OFFICIAL USE ONLY**

CERT # \_\_\_\_\_ HR \_\_\_\_\_

ISSUED \_\_\_\_\_ SDIS \_\_\_\_\_

CERT TYPE \_\_\_\_\_ FEE \_\_\_\_\_

ACAD PREP \_\_\_\_\_ ENDORS \_\_\_\_\_

**APPLICANT CONDUCT REVIEW STATEMENT**  
**SDCL 13-42-9 and SDCL 13-42-10**

**GENERAL INFORMATION AND INSTRUCTIONS**

Applicants **must** respond to all questions before an application for certification can be processed.

IDENTIFICATION INFORMATION	
Applicant Full Name (Last, First, Middle)	Previous Full Name or (nickname)
Social Security Number	Date of Birth (Mo., Date, Year )

Respond to **EVERY** item. If an arrow (➡) follows your response, follow the instruction given and attach any/all requested materials to your application, numbering the attachments with the number of the applicable item. If you do not respond to an item, or if the required attachments do not accompany your application, your application **will not be processed and will be returned**.

1. Have you ever, or since your previous certificate was issued, been summoned, arrested, taken into custody, indicted, convicted **OR** tried for, **OR** charged with, **OR** pleaded guilty to, any felony or misdemeanor crime involving moral turpitude, including traffic in either controlled substances or marijuana, or both?

Note that the term “crime” does include a misdemeanor, a gross misdemeanor, a felony, or a charge which resulted in a stay of imposition of sentence. The term “convicted” includes a finding of guilt by a jury or judge, an admission of guilt or plea of guilty, or a plea without an admission of guilt. You are considered convicted whether or not the sentence is stayed or executed.

☐ YES ➡ If you answered “YES” to this item, please attach any court documents indicating the crime for which you were convicted, the dates of your conviction or plea of guilty, and the dates you were sentenced, and the sentence imposed. If you have been discharged from probation, include information regarding your discharge from probation. If you are currently on probation, provide the name and telephone number of your probation officer.

☐ NO

2. Have you ever, or since your previous certificate was issued, had any credential authorizing school teaching or service suspended, revoked, voided, denied, cancelled, rescinded, and/or otherwise rejected for cause in South Dakota or in any other state, commonwealth, territory, or possession of the United States of America?

☐ YES ➡ If YES, attach documents explaining the action or charges, location(s) date(s), and the agency involved.

☐ NO

3. Is there any type of disciplinary action or adverse action now pending against any credential you hold that authorizes school teaching or service?

☐ YES ➡ If YES, attach documents explaining the action or charges, location(s), date(s), and the agency involved.

☐ NO

4. Have you ever left employment to avoid dismissal or disciplinary action?

☐ YES

☐ NO

5. Have you ever applied for or held a license, other than as a teacher or administrator, for which the procurement of proof of good character was required (i.e., certified public accountant, insurance agent, real estate broker, etc.)?

☐ YES ➔ If **YES**, state the license applied for, the date of application, the name and address of the person for whom the license is issued, the disposition of the application, and if granted, the present status of each such license.

☐ NO

6. Are there any other facts not disclosed by your answers concerning your background, history, experience, education, or activities that may have some bearing on your character, moral fitness, or eligibility to teach or hold an administrative position in South Dakota and that should be placed at the disposal or brought to the attention of the Department of Education?

☐ YES ➔ If **YES**, state the facts fully but concisely on attached sheet.

☐ NO

**Warning:** Failure to answer any of these questions in a truthful manner or failure to provide the information requested could lead to disciplinary action being taken against any teaching or school administrative certification that you possess.

**NOTE:** Effective July 1, 2000, criminal background checks **must** be conducted on **all** persons hired by a school district (either directly or by contract) at the time of the person's employment, utilizing fingerprint checks from state and federal records.

- **SDCL 13-42-9** Provides for the revocation or suspension of a certificate, including suspension for jumping contract.
- **SDCL 13-42-10** Provides for the revocation or refusal of a certificate upon the conviction of a crime involving moral turpitude and including trafficking in either controlled substances, marijuana, or both.
- **SDCL 25-7A-56** Indicates that certificates will not be issued to anyone in child support arrears.

## AUTHORIZATION

I hereby authorize the Department of Education to review and inspect court and law enforcement records maintained by the state or the federal government for the purpose of verifying the answers submitted above and specifically waive any privacy right or personal right to prior notice that may attach to these records.

I declare and affirm under penalties of perjury pursuant to SDCL 22-29-9.1 that this application has been examined by me, and to the best of my knowledge and belief, is in all things true, complete and correct. I understand that any intentional misrepresentation or omission of facts or falsification of statements on accompanying documents may result in criminal charges and/or the denial of certification, and could affect the status of my teaching or school administrative certificate.

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Signature of Applicant

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Date